



## Client Contact Sheet

Office of Student Affairs • Counseling Center

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Hometown/State: \_\_\_\_\_ Campus Residence: \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

Best way to contact you (circle one):    Email    Cell

Referral source: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone number: \_\_\_\_\_

You will be contacted by the counseling center at the earliest available opportunity to schedule an appointment. You can also schedule online or by email [ouazcounselingappointment@ottawa.edu](mailto:ouazcounselingappointment@ottawa.edu).

If you are experiencing a mental health emergency, including but not limited to being danger to yourself or others, please call 911, go to the nearest emergency room or contact the Crisis Response Network 24/7 hotline at 602-222-9444. If you choose to, you can also reach out and receive support by the Student Affairs staff, which will follow protocol to get you immediate help.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

*\*\*If you have a parent/guardian, who legally makes health decisions for you at this time, please know a guardian's permission will be needed for services to be initiated and provided.\*\**

**CONSENT TO TREAT A MINOR**

I \_\_\_\_\_, do hereby consent to the assessment and treatment of  
(Parent/Legal Guardian/In Loco Parentis)

\_\_\_\_\_, DOB \_\_\_\_/\_\_\_\_/\_\_\_\_, provided by OUAZ Counseling Center.  
(Student's Name)

By signing below, parent/legal guardian understands that the facility will make no effort to notify them for further consent related to services after the receipt of this consent.

This written authorization may be withdrawn at any time by providing notice in writing to:

**OUAZ Counseling Center  
15950 N. Civic Center Plaza  
Surprise, AZ 85374**

\_\_\_\_\_  
Parent/Legal Guardian/In Loco Parentis Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date